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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name Triad Strategies, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported 116 Pine Street, 5th Floor			
3. Principal Place of Business (if different from line 2) Harrisburg PA, 17101 City: State/zip (or Country)			
4. Contact Name Deb Savarese	Telephone (717) 635-2360	E-mail (optional) dsavarese@triadstrategies.com	5. Senate ID # 36036009
7. Client Name <input type="checkbox"/> Self International Union of Painters & Allied Trades			6. House ID # 36036009

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Dec

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date _____

11. No Lobbyin

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature Debra Lee Savarese Date 2/5/04

Printed Name and Title Debra Savarese, Senior Executive Assistant

LD-2 (REV. 4/03)

PAGE 1

Registrant Name Triad Strategies, LLC Client Name International Union of Painters & Allied Trades

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each cod** information as requested. Attach additional page(s) as needed.

15. General issue area code LBR (one per page)

16. Specific lobbying issues

Lobby US Departments of Labor and Homeland Security and PA Congressional delegation on issues related to union activities.

17. House(s) of Congress and Federal agencies contacted Check if None

House of Representatives, Senate, Department of Homeland Security, Department of Labor

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Michael Acker	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature Debra Lee Savarese Date 2/5/04

Printed Name and Title Debra Savarese, Senior Executive Assistant

Form LD-2 (Rec. 4/03)

Page 2

Registrant Name Triad Strategies, LLC Client Name International Union of Painters & Allied Trade

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code HOM (one per page)

16. Specific lobbying issues

Lobby US Departments of Labor and Homeland Security and PA Congressional delegation on issues related to union activities.

17. House(s) of Congress and Federal agencies contacted Check if None

House of Representatives, Senate, Department of Homeland Security, Department of Labor

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Michael Acker	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature *Debra Lu-Laurie* Date 2/5/04

Signature _____
Printed Name and Title Debra Savarese, Senior Executive Assistant

Form LD-2 (Rev. 4/03)